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WEEKLY REQUEST FOR ALLOWANCES AND ATTENDANCE FORM FOR TRADE ADJUSTMENT ASSISTANCE (TAA)/TRADE READJUSTMENT ALLOWANCES (TRA) UNDER TRADE ACT, AS AMENDED (In Training)

Worker's Name and Mailing Address

Check Here
If New
Address ☐

Social Security No.
Week Ending Date (Saturday)

REMARKS:

FOR OFFICE USE ONLY

S	Period MM/DD	Sect. of Law	Dec

TO BE COMPLETED BY STUDENT – ANSWER ALL QUESTIONS TRUTHFULLY

- Did you attend training as scheduled this week? (If “NO,” give the dates and explain why in remarks).....☐ YES ☐ NO
- Did you refuse any jobs offered for the week claimed? (If “YES,” explain in Remarks section above).....☐ YES ☐ NO
- Did you refuse any referrals from the CareerCenter? (If “YES,” explain in Remarks section above)☐ YES ☐ NO
- During the week claimed, did you begin receiving a new pension, or, if you previously reported a pension, did the amount of the pension increase?☐ YES ☐ NO
- Did you receive Vacation Pay, Holiday Pay, Dismissal Wages, Wages in Lieu of Notice, Terminal Pay, Severance Pay or Bonus for the week claimed?☐ YES ☐ NO
Type Pay _____ Amount \$ _____ Date Received _____
- Did you work or earn money (including tips, self-employment, or commission sales) during the week claimed?..☐ YES ☐ NO
 - If “YES,” Employer Name & Address _____
 - Dates Worked _____ Gross Earnings \$ _____* ☐ Check if Estimate
* **IMPORTANT NOTE:** If you do not know the exact amount of your earnings, enter an estimate and provide proof of the exact amount within 14 days. *You cannot be sent a benefit payment* until you provide proof of the amount you earned.
 - Are you still employed with the employer stated above?☐ YES ☐ NO
If “NO,” give date of separation _____
Reason for separation: ☐ Lay Off; ☐ Discharged (Fired); ☐ Voluntary Quit
 - If employed full time, give date work started _____
- Are you claiming benefits for dependent children? (If “YES,” complete A, B, and C)☐ YES ☐ NO
 - Was your spouse employed **full time** during the week claimed?.....☐ YES ☐ NO
 - Does your spouse contribute some support to dependents?.....☐ YES ☐ NO
 - Explain any changes in number of dependents claimed in the Remarks section above.
- If your telephone number has changed, please enter here: _____

✓ **STUDENT CERTIFICATION:** I certify that all statements for the week covered by this claim are true and correct. I know the law imposes penalties for false statements on this claim. I authorize deduction for any advances made to me.

Sign Here _____ Date _____



TO BE COMPLETED BY STUDENT

A.1. Have you applied for or received Dislocated Worker Benefits (DWB), TRA, or other program allowance(s) from another state for the week claimed? ☐ YES ☐ NO

If "YES," Name of Program _____ Date Received _____ Amount Received \$ _____

2. Have you filed for or received Unemployment Insurance (UI) under any other State, Federal, or Railroad UI program for the week claimed?..... ☐ YES ☐ NO

3. **TRAVEL AND SUBSISTENCE:** Are you eligible for daily travel allowances or subsistence? ☐ YES ☐ NO
If "YES," please check box(es) when you used your own vehicle or nights away from residence.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daily Travel							
Name of School Attended							
Subsistence							

4. Number of days scheduled for training _____.

TO BE COMPLETED BY TRAINING FACILITY (Check whether attended or absent)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Attended							
Absent							
Reason for Absence							
Scheduled Break (give the dates of the ENTIRE school break)							
Student Terminated/Graduated (give dates)							

✓ **TRAINING FACILITY CERTIFICATION:** THE ABOVE INFORMATION IS IN ACCORDANCE WITH OUR RECORDS. Statements made by the student appear to be complete and correct to the best of my knowledge.

1st School

Name of Training Facility	
Name of Training Official (Print or Type)	
Signature of Training Official	Date

2nd School

Name of Training Facility	
Name of Training Official (Print or Type)	
Signature of Training Official	Date

MAIL THIS FORM TO:

Maine Department of Labor
Bureau of Unemployment Compensation
Special Program Unit
47P State House Station
Augusta, ME 04333-0047

QUESTIONS?

Call: (207) 621-5101
Fax: (207) 287-3395
TTY Users Call Maine Relay 711